



December 22, 2005

Mr. Jim Armstrong  
Fresno County  
Environmental Health System  
1221 Fulton Mall  
Fresno, CA 93775

02061  
06.a4

**RE: Well Destruction Report**  
**Former ARCO Service Station No. 2061**  
**4190 North Cedar Avenue, Fresno, California**

Dear Mr. Armstrong:

URS Corporation Americas (URS), on behalf of Atlantic Richfield Company (ARCO - a BP affiliated company), has prepared this report to document well destruction activities conducted at former ARCO Station No. 2061 located at 4190 North Cedar Avenue, Fresno, California (Figures 1 and 2). The destruction of site monitoring wells was requested in the correspondence dated May 12, 2004, from the Fresno County Environmental Health System (FCEHS) as a requirement for site closure (Attachment A).

### **Permitting**

Well destruction permits were obtained from the FCEHS and the City of Fresno prior to conducting field activities on the site (Attachment B).

### **Well Destruction Activities**

On October 10, 2005, vapor extraction wells VEW-1, VEW-2, VEW-3, and VEW-4 were hand cleared for utilities to 5 feet below ground surface (bgs) by air-knife, back-filled with sand, and capped with cold-patch asphalt in preparation for well destruction activities.

On October 11, 2005, Woodward Drilling Company, Inc. of Rio Vista, California, conducted well destruction activities. The vapor extraction wells (VEW-1, VEW-2, VEW-3, and VEW-4) were pressure grouted with neat cement grout from total depth to top of casing. Pneumatic pressure was applied to the top of casing at 50 pounds per square inch (psi) for 15 minutes to ensure filter pack infiltration. The vapor extraction wells were drilled out to 5 feet bgs using 10-inch outside-diameter (OD) hollow stem augers, backfilled with additional grout, and the surface was completed with fast-set concrete and tinted to match the surrounding surface. The Department of Water Resources (DWR) well destruction reports are included as Attachment C.

URS Corporation  
Crown Corporate Center  
2870 Gateway Oaks Drive, Suite 150  
Sacramento, CA 95833  
Tel: 916.679.2000  
Fax: 916.679.2900

Mr. Jim Armstrong  
Fresno County Environmental Health System  
December 22, 2005

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## Waste Disposal

Drill cuttings and wastewater generated during well destruction activities were placed in labeled 55-gallon Department of Transportation (DOT)-approved steel drums and stored on site. A composite soil sample was collected from the soil cuttings and submitted to the Sequoia Analytical Laboratory in Morgan Hill, California, for analysis of gasoline range organics (GRO), benzene, toluene, ethylbenzene, total xylenes (BTEX), methyl tert-butyl ether (MtBE), tert-butyl alcohol (TBA), ethyl tert-butyl ether (EtBE), di-isopropyl ether (DIPE), tert-amyl methyl ether (TAME), 1,2-dichloroethane (1,2-DCA), 1,2-dibromoethane (EDB), and ethanol by EPA Method 8260B (preparation EPA Method 5030), and total lead by EPA Method 6010B. The laboratory analytical report is included in Attachment D.

On November 1, 2005, Dillard Trucking, Inc. removed the drums from the site. Soil cuttings were transported to Republic Services Vasco Road landfill in Livermore, California. On November 2, 2005, wastewater was transported to Instrat in Rio Vista, California. Disposal manifest documentation are presented in Attachment E.

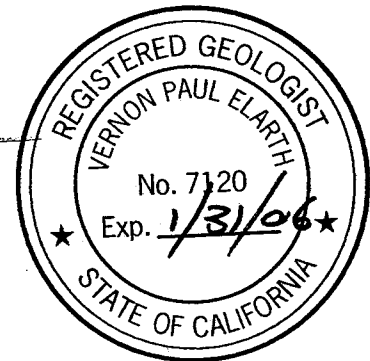
If you have any questions or comments regarding this letter report, please call Ms. Margaret Hogaboom at (916) 679-2241.

Sincerely,

URS Corporation Americas

*For*  
Margaret Hogaboom  
Staff Geologist

*[Signature]*  
Vernon Elarth, R.G.  
Project Manager



Attachments: Figure 1 Site Location Map  
Figure 2 Site Plan

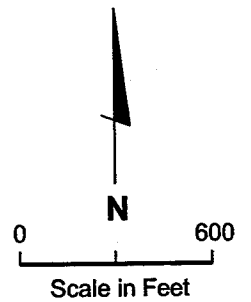
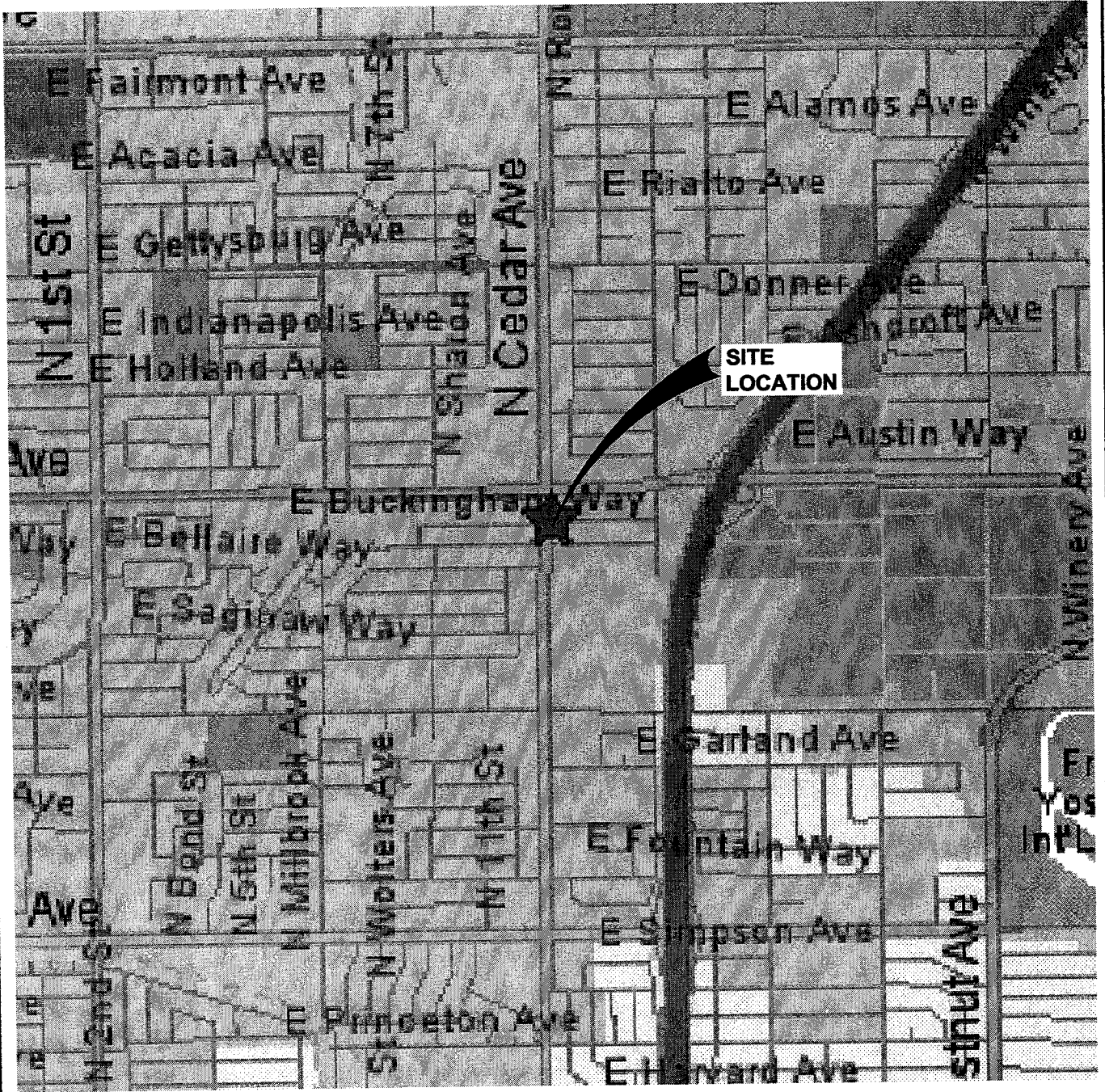
Attachment A FCEHS Correspondence  
Attachment B FCEHS and City of Fresno Well Destruction Permits  
Attachment C DWR Well Destruction Report  
Attachment D Drum Comp Laboratory Analytical Report  
Attachment E Disposal Manifest Documentation

cc: Mr. Paul Supple, Atlantic Richfield Company  
Mr. Robert Harris, City of Fresno  
Project File

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## FIGURES

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**URS**

2870 Gateway Oaks Drive, Ste. 150  
 Sacramento, CA 95833-3200  
 TEL: (916) 679-2000  
 FAX: (916) 679-2900

## SITE LOCATION MAP

Arco Service Station No. 2061  
 4190 North Cedar Avenue  
 Fresno, California

FIGURE

1

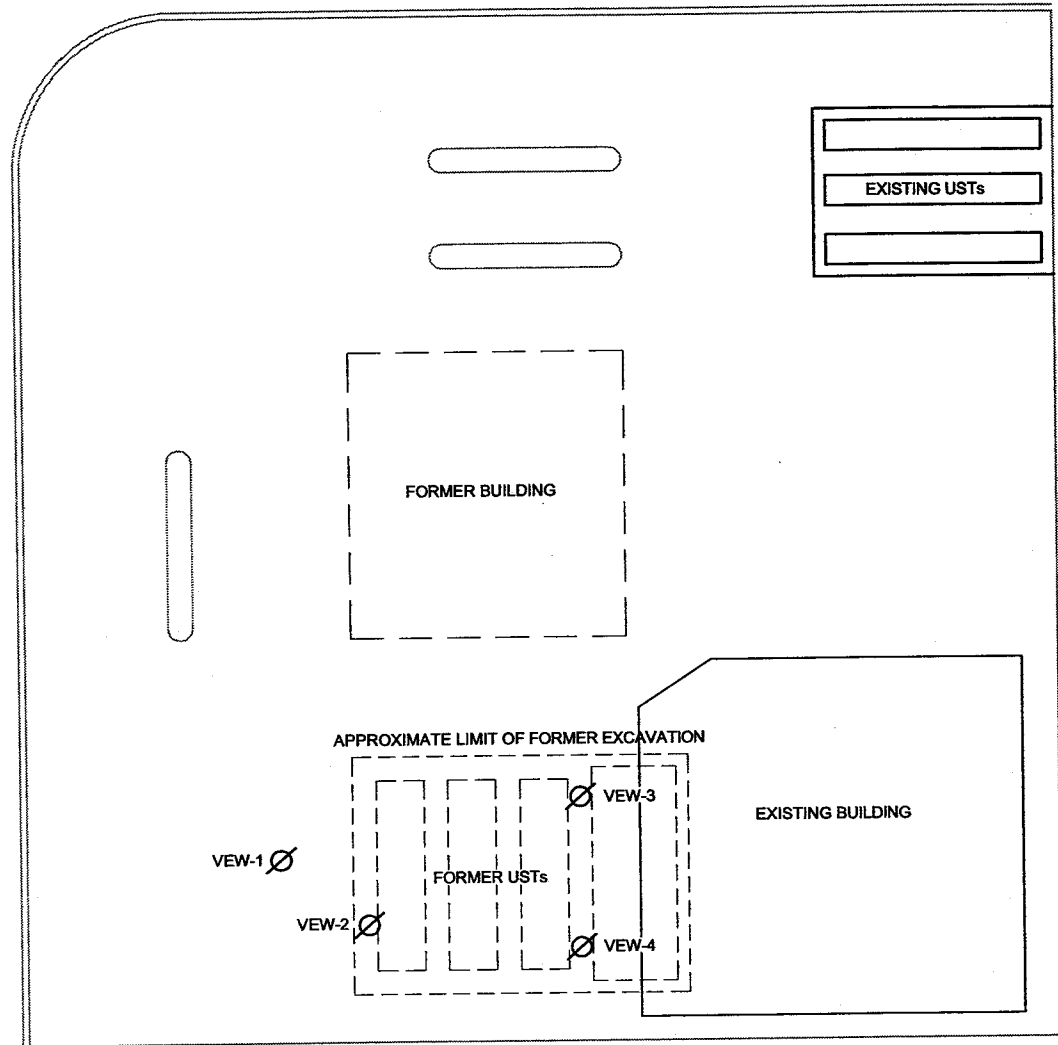
IMAGES:

XREFS:

DRAWING: MARGARET\_2061\_12805\_SITEPLAN-1.dwg  
 DRAWING: J:\BP-ARCO\ACADD\10-Non-Qrty-ARCO Sites\2061\Reports-Special\

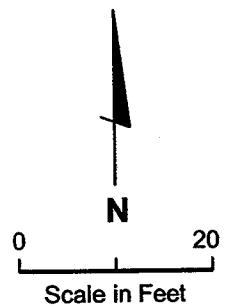
CEDAR AVENUE

ASHLAN AVENUE



**LEGEND**

Ø VIEW-1 DESTROYED VAPOR EXTRACTION WELL LOCATIONS



WELLS DESTROYED 11/2/2005

**URS**

2870 Gateway Oaks Drive, Ste. 150  
 Sacramento, CA 95833-3200  
 TEL: (916) 679-2000  
 FAX: (916) 679-2900

**SITE PLAN**

Arco Service Station No. #2061  
 4190 North Cedar Avenue  
 Fresno, California

FIGURE

**2**

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**ATTACHMENT A**

**FCEHS Correspondence**

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**Human Services System**  
Department of Community Health  
Brad Maggy, Director

Adult Services Department  
Children & Family Services Department  
Employment & Temporary Assistance Department

May 12, 2004

FA0266861  
PR0045917  
PE6701

Mr. Paul Supple  
Arco Products Company  
P. O. Box 6549  
Moraga, California 94570

Dear Mr. Supple:

SUBJECT: Review of Site Investigation Report  
FACILITY: Arco Station #2061  
LOCATION: 4190 North Cedar, Fresno, California

Our office has reviewed the September 17, 2003, "Site Closure Report Addendum, Arco Station #2061, 4190 Cedar Avenue, Fresno, California" and the February 19, 2004, "Additional Information for Site Closure Report" by URS Corporation.

Following our review of the September 17, 2003, and February 19, 2004, submittals, our office has concluded that we cannot make a determination of the status of the site. Your reports did not include some of the information specified by our letter dated August 4, 1997, (copy attached). We cannot locate the following information or an explanation of why the required information was not included:

- ☐ A proposal for the disposal of all wastes generated by Assessment/Cleanup work (such as auger drill cuttings, liquid generated by rinsing drilling equipment, or monitoring well purge water), which may or may not remain on site followed by documentation that the wastes have been disposed of properly.

Your report did not make any mention of the presence or absence of any auger drill cuttings remaining on site from the initial site investigation.

- ☐ A discussion of the potential impact of any remaining contaminants on any water supply wells, drinking water aquifers, surface waters, or any other sensitive receptors.

Your report did not evaluate the leaching to groundwater pathway with the groundwater aquifer as a sensitive receptor.

Risk may be quantified by using any of the following:

1. The ASTM E-1739-95 Guide For Risk Based Corrective Action Applied At Petroleum Release Sites.
2. The General Risk Appraisal described in the California Leaking Underground Fuel Tank (LUFT) Manual.
3. Any other risk based assessment technique, which is acceptable to the State of California (not the Leaching Potential Analysis from the California Leaking Underground Fuel Tank (LUFT) Manual).

Mr. Paul Supple  
Review of Site Investigation Report  
May 12, 2004  
Page 2

We have noticed that Arco installed soil vapor extraction wells in 1994. These soil vapor extraction wells have never been utilized and have not been properly abandoned (as per the directions included in the Fresno County August 4, 1997, letter).

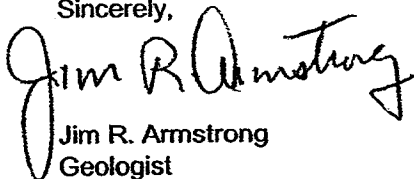
Please evaluate the leaching to groundwater pathway from impacted soils or utilize the vapor extraction wells as part of a vapor extraction system. Be aware that pursuant to Title 23, Division 3, Chapter 16, Article 11 of the California Code of Regulations you are required to have an approved workplan prior to the initiation of any work. In addition you are to provide a status report of all activities, including the progress of this case every ninety (90) days.

All correspondence, workplans and reports are to be submitted to this office. This department will likely comment on any modification to a proposed action at the subject location as new information becomes available. Please require any consultant you hire to supply all the appropriate information suggested by the Fresno County "Guidelines For Site Assessment/Corrective Actions Workplans & Reports" (copy available upon request) and clearly state exactly which aspects of the investigation/response actions are to be addressed by any particular phase of work.

You may proceed with all phases of investigation and response actions concurrently or you may wish to complete work in independent stages. Incomplete descriptions of the various proposed assessment and/or response actions may lead to requirements for further information.

Our office is available to discuss these (or any other) aspects of the assessment/cleanup with you. Please contact me at (559) 445-3271.

Sincerely,

  
Jim R. Armstrong  
Geologist  
Environmental Health System

Enclosures

cc: Mr. John Noonan, California Central Valley Regional Water Quality Control Board  
URS Corporation



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**ATTACHMENT B**

**FCEHS and City of Fresno Well Destruction  
Permits**

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**FRESNO COUNTY HUMAN SERVICES SYSTEM**  
**DEPARTMENT OF COMMUNITY HEALTH, ENVIRONMENTAL HEALTH SYSTEM**  
P.O. Box 11800, Fresno, California 93775-1800 Tel: (559) 445-3357 FAX: (559) 445-3290  
Website: [www.fresnohumanservices.org](http://www.fresnohumanservices.org)

**PERMIT TO CONSTRUCT, DEEPEN, DESTROY, RECONDITION, OR REPAIR A WELL**  
Note: This permit is non-transferable and is valid for 180 days

9/13/05 September 26, 2005  
Application Date Estimated Starting Date  
T: 135 R: 20E S: 15  
APN: 427 1 171 1 20

**OFFICE USE ONLY**  
Specialist: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Census Tract 5302 Facility ID #: 0266861 Record ID #: PRO045917  
Depth To Corcoran Clay (special annular seal requirements apply) \_\_\_\_\_  
Owner's Well ID Number Or Designation: VEW-1

Job Address / Location: ARCO 2001 4190 North Cedar Ave., Fresno, CA Parcel Size: \_\_\_\_\_  
Owner Name: Paul Supple BP/ARCO Owner Phone: 936-299-8891  
Owner Address: P.O. Box 6549 City: Moraga State: CA Zip: 94570  
Contractor Name: Woodward Drilling License #: 710079 Phone: 707-374-4300  
TYPE OF WORK ☐ New Well ☐ Replacement Well ☐ Reconstruction/Deepening ☐ Test Hole Only ☒ Destruction

**INTENDED USE** ☐ Domestic Private ☐ Agricultural ☐ Industrial ☐ Cathodic ☒ Monitoring  
☐ Soil Boring ☐ Domestic Public System Name: VEW-1 9/13/05

**WELL CONSTRUCTION** ☐ Casing Driven ☐ Cable Tool ☐ Hardrock ☐ Auger ☐ Direct Rotary ☐ Reverse Rotary  
Conductor Casing Material: \_\_\_\_\_ Diameter: \_\_\_\_\_ In Depth: \_\_\_\_\_ Ft  
Well Casing Material: \_\_\_\_\_ Diameter: \_\_\_\_\_ In Gauge: \_\_\_\_\_  
Annular Seal Depth: \_\_\_\_\_ Ft ☐ Neat Cement ☐ Sand Cement ☐ Concrete  
☐ Bentonite ☐ Mixed With Water ☐ Dry Application  
Manufacturer And Product Name \_\_\_\_\_  
Seal Placement Method ☐ Pumped ☐ Free Fall (allowed only when the interval to be sealed is dry and less than 30 feet in depth)

**WELL DESTRUCTION** ☐ Open Bottom ☒ Gravel Packed ☐ Uncased ☐ Other \_\_\_\_\_  
Diameter 4 In Total Depth 34.6 Ft Depth To Water N/A Ft ☐ Casing To Be Perforated \_\_\_\_\_ Ft To \_\_\_\_\_ Ft  
Destruction Seal ☒ Neat Cement ☐ Sand Cement ☐ Concrete Fill Material Below Seal \_\_\_\_\_  
☐ Bentonite ☐ Mixed With Water ☐ Dry Application  
Manufacturer And Product Name \_\_\_\_\_  
☐ Seal Interval \_\_\_\_\_ Feet Below Grade To Top Of Casing ☒ Seal Bottom Of Well To Top Of Casing  
☒ Casing Cut Off 5 Feet Below Grade (6 feet maximum allowed)  
Seal Placement Method ☒ Pumped ☐ Free Fall (allowed only when the interval to be sealed is dry and less than 30 feet in depth)  
☐ Oil-lubricated pump. Any oil in the well will be removed and properly disposed of prior to destruction.

**SETBACKS (in feet)** ☐ All Setbacks Exceed 300 Feet Other Wells \_\_\_\_\_ Leach Lines \_\_\_\_\_ Septic Tank \_\_\_\_\_  
Cesspool \_\_\_\_\_ Seepage Pits \_\_\_\_\_ Sewer Lines \_\_\_\_\_ Designated Sewage Replacement Area \_\_\_\_\_  
Animal/Poultry Enclosure \_\_\_\_\_ Flood Control Basins \_\_\_\_\_ Waste Water Disposal Ponds \_\_\_\_\_ Lakes, Streams \_\_\_\_\_

**SPECIAL SUBDIVISION, TRACT RESTRICTIONS** Tract Name, Number \_\_\_\_\_  
☐ Setbacks (specify type, e.g. well-to-well, etc. and required distance) \_\_\_\_\_  
☐ Designated Engineered Sewage Disposal Areas (enclose tract map showing designated areas on each parcel)

**FEE** ☐ \$344 (Domestic Private, Ag, Cathodic) ☐ \$377 (Domestic Public, Industrial) ☒ No Charge (Destructions, Monitoring Wells)  
**PAYMENT METHOD** ☐ Cash ☐ Check ☐ Credit Card  
\*Authorization on file with the Business Office of the Fresno County Human Services System

I hereby certify that the information described herein is correct. I understand that all work is to be done in accordance with the California Well Standards Ordinance and the conditions of this permit application, including any conditions which are added by the Environmental Health System upon review of this application and issuance of the permit. I certify that I have a current C-57 Contractor's License and, if I employ workers, a current certificate of Workers' Compensation Insurance. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance with the Ordinance.  
CONTRACTOR SIGNATURE Ernie Woodward DATE: 9/12/05

**OFFICE USE ONLY**  
Permission is hereby granted to perform the work as set forth on this application.  
Approved: JR Quintana Date: 9/15/2005  
Final Inspection: \_\_\_\_\_ Date: \_\_\_\_\_  
Filed Complete: \_\_\_\_\_ Date: \_\_\_\_\_  
Filed Incomplete: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Business Office Use

Envision Clerical Use

Account # \_\_\_\_\_ PE \_\_\_\_\_  
Entered By \_\_\_\_\_ Date \_\_\_\_\_

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SEP 16 2005

DEPARTMENT OF COMMUNITY HEALTH  
ENVIRONMENTAL HEALTH SYSTEM



**FRESNO COUNTY HUMAN SERVICES SYSTEM**  
**DEPARTMENT OF COMMUNITY HEALTH, ENVIRONMENTAL HEALTH SYSTEM**  
P.O. Box 11800, Fresno, California 93775-1800 Tel: (559) 445-3357 FAX: (559) 445-3290  
Website: www.fresnohumanservices.org  
**PERMIT TO CONSTRUCT, DEEPEN, DESTROY, RECONDITION, OR REPAIR A WELL**  
Note: This permit is non-transferable and is valid for 180 days

9/13/05 Sept. 26, 2005  
Application Date Estimated Starting Date  
T: 133 R: 20E S: 15  
APN: 427 1 171 1 20

**OFFICE USE ONLY**  
Specialist: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Census Tract: 5202 Facility ID #: 0266861 Record ID #: P00045917  
Depth To Concoran Clay (special annular seal requirements apply) \_\_\_\_\_  
Owner's Well ID Number Or Designation: VEW-2

Job Address / Location: ARCO 2061 490 North Cedar Ave., Fresno CA Parcel Size: \_\_\_\_\_  
Owner Name: Paul Supple BP/ARCO Owner Phone: 925-299-8891  
Owner Address: P.O. Box 6549 City: Moraga State: CA Zip: 94570  
Contractor Name: Woodward Drilling License #: 710079 Phone: 707-374-4300  
TYPE OF WORK ☐ New Well ☐ Replacement Well ☐ Reconstruction/Deepening ☐ Test Hole Only ☒ Destruction

**INTENDED USE** ☐ Domestic Private ☐ Agricultural ☐ Industrial ☐ Cathodic ☒ Monitoring  
☐ Soil Boring ☐ Domestic Public System Name: \_\_\_\_\_

**WELL CONSTRUCTION** ☐ Casing Driven ☐ Cable Tool ☐ Hardrock ☐ Auger ☐ Direct Rotary ☐ Reverse Rotary  
Conductor Casing Material: \_\_\_\_\_ Diameter: \_\_\_\_\_ In Depth: \_\_\_\_\_ Ft  
Well Casing Material: \_\_\_\_\_ Diameter: \_\_\_\_\_ In Gauge: \_\_\_\_\_  
Annular Seal Depth: \_\_\_\_\_ Ft ☐ Neat Cement ☐ Sand Cement ☐ Concrete  
☐ Bentonite ☐ Mixed With Water ☐ Dry Application  
Manufacturer And Product Name \_\_\_\_\_  
Seal Placement Method ☐ Pumped ☐ Free Fall (allowed only when the interval to be sealed is dry and less than 30 feet in depth)

**WELL DESTRUCTION** ☐ Open Bottom ☒ Gravel Packed ☐ Ungrased ☐ Other \_\_\_\_\_  
Diameter 4 In Total Depth 38.5 Ft Depth To Water N/A Ft ☐ Casing To Be Perforated \_\_\_\_\_ Ft To \_\_\_\_\_ Ft  
Destruction Seal ☒ Neat Cement ☐ Sand Cement ☐ Concrete Fill Material Below Seal \_\_\_\_\_  
☐ Bentonite ☐ Mixed With Water ☐ Dry Application  
Manufacturer And Product Name \_\_\_\_\_  
☐ Seal Interval \_\_\_\_\_ Feet Below Grade To Top Of Casing ☒ Seal Bottom Of Well To Top Of Casing  
Casing Cut Off ~ 5 Feet Below Grade (5 feet maximum allowed)  
Seal Placement Method ☒ Pumped ☐ Free Fall (allowed only when the interval to be sealed is dry and less than 30 feet in depth)  
☐ Oil-lubricated pump. Any oil in the well will be removed and properly disposed of prior to destruction.

**SETBACKS (in feet)** ☐ All Setbacks Exceed 300 Feet Other Wells \_\_\_\_\_ Leach Lines \_\_\_\_\_ Septic Tank \_\_\_\_\_  
Cesspool \_\_\_\_\_ Seepage Pits \_\_\_\_\_ Sewer Lines \_\_\_\_\_ Designated Sewage Replacement Area \_\_\_\_\_  
Animal/Fowl Enclosure \_\_\_\_\_ Flood Control Basins \_\_\_\_\_ Waste Water Disposal Ponds \_\_\_\_\_ Lakes, Streams \_\_\_\_\_

**SPECIAL SUBDIVISION, TRACT RESTRICTIONS** Tract Name, Number \_\_\_\_\_  
☐ Setbacks (specify type, e.g. well-to-well, etc. and required distance) \_\_\_\_\_  
☐ Designated Engineered Sewage Disposal Areas (enclose tract map showing designated areas on each parcel)

**FEE** ☐ \$344 (Domestic Private, Ag, Cathodic) ☐ \$377 (Domestic Public, Industrial) ☒ No Charge (Destructions, Monitoring Wells)  
**PAYMENT METHOD** ☐ Cash ☐ Check ☐ Credit Card  
\*Authorization on file with the Business Office of the Fresno County Human Services System

I hereby certify that the information described herein is correct. I understand that all work is to be done in accordance with the California Well Standards Ordinance and the conditions of this permit application, including any conditions which are added by the Environmental Health System upon review of this application and issuance of the permit. I certify that I have a current C-57 Contractor's License and, if I employ workers, a current certificate of Workers' Compensation Insurance. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance with the Ordinance.  
**CONTRACTOR SIGNATURE:** Craig E. Woodward **DATE:** 9/13/05  
**OFFICE USE ONLY**  
Permission is hereby granted to perform the work as set forth on this application.  
Approved: J. Munter Date: 9/16/2005  
Final Inspection: \_\_\_\_\_ Date: \_\_\_\_\_  
Filed Complete: \_\_\_\_\_ Date: \_\_\_\_\_  
Filed Incomplete: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Business Office Use

Envision Clerical Use

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Revision 7/23/02

SEP 16 2005

DEPARTMENT OF COMMUNITY HEALTH  
ENVIRONMENTAL HEALTH SYSTEM



**FRESNO COUNTY HUMAN SERVICES SYSTEM**  
**DEPARTMENT OF COMMUNITY HEALTH, ENVIRONMENTAL HEALTH SYSTEM**  
P.O. Box 11800, Fresno, California 93775-1800 Tel: (559) 445-3357 FAX: (559) 445-3290  
Website: www.fresnohumanservices.org

**PERMIT TO CONSTRUCT, DEEPEN, DESTROY, RECONDITION, OR REPAIR A WELL**  
Note: This permit is non-transferable and is valid for 180 days

9/13/05 9/26/05  
Application Date Estimated Starting Date  
T: 135 R: 208 S: 15  
APN: 427 1 171 1 20

**OFFICE USE ONLY**  
Specialist: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Census Tract 5202 Facility ID #: 0266861 Record ID #: P0045917  
Depth To Corcoran Clay (special annular seal requirements apply) \_\_\_\_\_

Owner's Well ID Number Or Designation: VEW-3  
Job Address / Location: ARCO 2061 4190 North Cedar Ave., Fresno, CA Parcel Size: \_\_\_\_\_  
Owner Name: Paul Supple - BP/ARCO Owner Phone: 925-299-8891  
Owner Address: P.O. Box 6549 City: Moraga State: CA Zip: 94570  
Contractor Name: Woodward Drilling License #: 710079 Phone: 707-374-4300  
TYPE OF WORK ☐ New Well ☐ Replacement Well ☐ Reconstruction/Deepening ☐ Test Hole Only ☒ Destruction

**INTENDED USE** ☐ Domestic Private ☐ Agricultural ☐ Industrial ☐ Cathodic ☒ Monitoring  
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Well Casing Material: \_\_\_\_\_ Diameter: \_\_\_\_\_ In Gauge: \_\_\_\_\_  
Annular Seal Depth: \_\_\_\_\_ Ft ☐ Neat Cement ☐ Sand Cement ☐ Concrete  
☐ Bentonite ☐ Mixed With Water ☐ Dry Application  
Manufacturer And Product Name \_\_\_\_\_  
Seal Placement Method ☐ Pumped ☐ Free Fall (allowed only when the interval to be sealed is dry and less than 30 feet in depth)

**WELL DESTRUCTION** ☐ Open Bottom ☒ Gravel Packed ☐ Uncased ☐ Other \_\_\_\_\_  
Diameter 4 In Total Depth 39.3 Ft Depth To Water N/A Ft ☐ Casing To Be Perforated \_\_\_\_\_ Ft To \_\_\_\_\_ Ft  
Destruction Seal ☒ Neat Cement ☐ Sand Cement ☐ Concrete Fill Material Below Seal \_\_\_\_\_  
☐ Bentonite ☐ Mixed With Water ☐ Dry Application  
Manufacturer And Product Name \_\_\_\_\_  
☐ Seal Interval \_\_\_\_\_ Feet Below Grade To Top Of Casing ☒ Seal Bottom Of Well To Top Of Casing  
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Cesspool \_\_\_\_\_ Seepage Pits \_\_\_\_\_ Sewer Lines \_\_\_\_\_ Designated Sewage Replacement Area \_\_\_\_\_  
Animal/Fowl Enclosure \_\_\_\_\_ Flood Control Basins \_\_\_\_\_ Waste Water Disposal Ponds \_\_\_\_\_ Lakes, Streams \_\_\_\_\_

**SPECIAL SUBDIVISION, TRACT RESTRICTIONS** Tract Name, Number \_\_\_\_\_  
☐ Setbacks (specify type, e.g. well-to-well, etc. and required distance) \_\_\_\_\_  
☐ Designated Engineered Sewage Disposal Areas (enclose tract map showing designated areas on each parcel)

**FEE** ☐ \$344 (Domestic Private, Ag, Cathodic) ☐ \$377 (Domestic Public, Industrial) ☒ No Charge (Destructions, Monitoring Wells)  
**PAYMENT METHOD** ☐ Cash ☐ Check ☐ Credit Card  
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I hereby certify that the information described herein is correct. I understand that all work is to be done in accordance with the California Well Standards Ordinance and the conditions of this permit application, including any conditions which are added by the Environmental Health System upon review of this application and issuance of the permit. I certify that I have a current C-57 Contractor's License and, if I employ workers, a current certificate of Workers' Compensation Insurance. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance with the Ordinance.

CONTRACTOR SIGNATURE: Craig E. Woodward DATE: 9/13/05

**OFFICE USE ONLY**  
Permission is hereby granted to perform the work as set forth on this application.  
Approved: [Signature] Date: 9/13/05  
Final Inspection: \_\_\_\_\_ Date: \_\_\_\_\_  
Filed Complete: \_\_\_\_\_ Date: \_\_\_\_\_  
Filed Incomplete: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Business Office Use

Envision Clerical Use

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Revision 7/23/02

SEP 16 2005

Account # \_\_\_\_\_ PE \_\_\_\_\_  
Entered By \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT OF COMMUNITY HEALTH  
ENVIRONMENTAL HEALTH SYSTEM



**FRESNO COUNTY HUMAN SERVICES SYSTEM**  
**DEPARTMENT OF COMMUNITY HEALTH, ENVIRONMENTAL HEALTH SYSTEM**  
P.O. Box 11800, Fresno, California 93775-1800 Tel: (559) 446-3357 FAX: (559) 445-3290  
Website: www.fresnohumanservices.org

**PERMIT TO CONSTRUCT, DEEPEN, DESTROY, RECONDITION, OR REPAIR A WELL**  
Note: This permit is non-transferable and is valid for 180 days

9/13/05 9/26/05  
Application Date Estimated Starting Date  
T: 135 R: 202 S: 15

APN: 427 1 171 1 20

Job Address / Location: ARCO 2061 4190 North Cedar Ave, Fresno, CA Parcel Size:

Owner Name: Paul Supple - BP/ARCO Owner Phone: 925-299-8891

Owner Address: P.O. Box 6549 City: Madera State: CA Zip: 94370

Contractor Name: Woodward Drilling License #: 710079 Phone: 707-374-4300

TYPE OF WORK ☐ New Well ☐ Replacement Well ☐ Reconstruction/Deepening ☐ Test Hole Only ☒ Destruction

INTENDED USE ☐ Domestic Private ☐ Agricultural ☐ Industrial ☐ Cathodic ☒ Monitoring  
☐ Soil Boring ☐ Domestic Public System Name

WELL CONSTRUCTION ☐ Casing Driven ☐ Cable Tool ☐ Hardrock ☐ Auger ☐ Direct Rotary ☐ Reverse Rotary  
Conductor Casing Material: Diameter: In Depth: Ft  
Wall Casing Material: Diameter: In Gauge: Ft  
Annular Seal Depth: Ft ☐ Neat Cement ☐ Sand Cement ☐ Concrete  
☐ Bentonite ☐ Mixed With Water ☐ Dry Application  
Manufacturer And Product Name  
Seal Placement Method ☐ Pumped ☐ Free Fall (allowed only when the interval to be sealed is dry and less than 30 feet in depth)

WELL DESTRUCTION ☐ Open Bottom ☒ Gravel Packed ☐ Uncased ☐ Other  
Diameter 4 In Total Depth 39.6 Ft Depth To Water Ft ☐ Casing To Be Perforated Ft To Ft  
Destruction Seal ☒ Neat Cement ☐ Sand Cement ☐ Concrete Fill Material Below Seal  
☐ Bentonite ☐ Mixed With Water ☐ Dry Application  
Manufacturer And Product Name  
☐ Seal Interval Feet Below Grade To Top Of Casing ☒ Seal Bottom Of Well To Top Of Casing  
☒ Seal Cut Off ~5 Feet Below Grade (6 feet maximum allowed)  
Seal Placement Method ☒ Pumped ☐ Free Fall (allowed only when the interval to be sealed is dry and less than 30 feet in depth)  
☐ Oil-lubricated pump. Any oil in the well will be removed and properly disposed of prior to destruction.

SETBACKS (in feet) ☐ All Setbacks Exceed 300 Feet Other Wells Leach Lines Septic Tank  
Cesspool Seepage Pits Sewer Lines Designated Sewage Replacement Area  
Animal/Fowl Enclosure Flood Control Basins Waste Water Disposal Ponds Lakes, Streams

SPECIAL SUBDIVISION, TRACT RESTRICTIONS Tract Name, Number  
☐ Setbacks (specify type, e.g. well-to-well, etc. and required distance)  
☐ Designated Engineered Sewage Disposal Areas (enclose tract map showing designated areas on each parcel)

FEE ☐ \$344 (Domestic Private, Ag, Cathodic) ☐ \$377 (Domestic Public, Industrial) ☒ No Charge (Destructions, Monitoring Wells)  
PAYMENT METHOD ☐ Cash ☐ Check ☐ Credit Card  
\*Authorization on file with the Business Office of the Fresno County Human Services System

I hereby certify that the information described herein is correct. I understand that all work is to be done in accordance with the California Well Standards Ordinance and the conditions of this permit application, including any conditions which are added by the Environmental Health System upon review of this application and issuance of the permit. I certify that I have a current C-57 Contractor's License and, if I employ workers, a current certificate of Workers' Compensation Insurance. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance with the Ordinance.

CONTRACTOR SIGNATURE: Craig E. Woodward DATE: 9/13/05

OFFICE USE ONLY  
Permission is hereby granted to perform the work as set forth on this application.  
Approved: [Signature] Date: 9/16/05  
Final Inspection: Date:  
Filed Complete: Date:  
Filed Incomplete: Date:  
Supervisor:

Business Office Use

RECEIVED

Revision 7/23/02

SEP 16 2005

Envision Clerical Use

Account # PE  
Entered By Date

City of



WATER DIVISION

VEW-1

PERMIT TO DESTROY WATER WELL

Permit Number 00178 d s w m

\$45.00 fee

received by REH

Owner of well to be destroyed BP/ARCO  
Location of well to be destroyed 4190 N. Cedar Ave., Fresno, CA APN 427177/20  
Diameter of well 4-inch  
Depth of well 34.6'  
Depth of casing 34.6'  
Depth to top of perforations 20'  
Casing material 50# 40 PVC  
Static water level N/A Vapor Well  
Permit issued by ROBERT HARRIS Signature [Signature]  
Date of issuance 10/17/05 Date of inspection 10-11-05

SPECIAL CONDITIONS

Inspector: RWBarnett

1. Fill from surface with 6 sack cement, sand, and water mix to - 6ft
2. Install tremie pipe to Fill with sack cement, sand, and water mix to - 6ft.
3. Install tremie pipe to 34 Pressure grout to 50 PSI with 6 sack neat cement and water mix.

WORKERS COMPENSATION

Section 3800 of the State labor Code provides that every county or city which requires issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition, or repair of any building or structure shall require that each applicant for permit have on file:  
(Please initial)

- \_\_\_\_\_ A Certificate of Consent to self-insure by the Director of Industrial Relations or
- \_\_\_\_\_ A Certificate of Workers' Compensation Insurance issued to the city by an admitted insurer.
- \_\_\_\_\_ A signed statement of a Firm with out Employees on file with the city.

EXCLUSIONS

(Please initial)

- \_\_\_\_\_ Permits for work costing \$100.00 or less
- \_\_\_\_\_ Applicants for permits who sign the following certifications:

"I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California"

If after signing this certificate, the applicant desires to employ any person for work covered by this permit, the applicant must obtain Workers' Compensation Insurance as required by Section 3700 of the State Labor Code, or this permit shall be deemed revoked.

STATE REQUIRED LICENSE

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 of Division 3 of the Business and Professions Code, and my State of California Contractors C-57 license is in full force and effect.

License No. 710079

I further declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

DATED THIS 3rd DAY OF October 2005

SIGNED Concing E. Woodward PHONE NUMBER 707-374-4300

Print name Concing Woodward COMPANY NAME Woodward Drilling



VIEW-2

**PERMIT TO DESTROY WATER WELL**

Permit Number 00179 d s w m

543.00 fee  
received by Ref

Owner of well to be destroyed BP/ARCO  
Location of well to be destroyed 4190 N. Cedar Ave., Fresno, CA APN 42717120  
Diameter of well 4-1/2 inch  
Depth of well 38.5'  
Depth of casing 38.5'  
Depth to top of perforations 20'  
Casing material 3/4" HD PVC  
Static water level N/A Paper well

Permit issued by

ROBERT E. HARRIS Signature Robert E. Harris  
Date of issuance 10/11/05 Date of inspection 10-11-05

**SPECIAL CONDITIONS**

Inspector: RW Bennett

1. Fill from surface with 6 sack cement, sand, and water mix to - 6ft.
2. Install tremie pipe to \_\_\_\_\_ Fill with \_\_\_\_\_ sack cement, sand, and water mix to - 6ft.
3. Install tremie pipe to 38.5' Pressure grout to 50 PSI with 6 sack neat cement and water mix.

**WORKERS COMPENSATION**

Section 3800 of the State labor Code provides that every county or city which requires issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition, or repair of any building or structure shall require that each applicant for permit have on file:

(Please initial)

- \_\_\_\_\_ A Certificate of Consent to self-insure by the Director of Industrial Relations or
- \_\_\_\_\_ A Certificate of Workers' Compensation insurance issued to the city by an admitted insurer.
- \_\_\_\_\_ A signed statement of a Firm with out Employees on file with the city.

**EXCLUSIONS**

(Please initial)

- \_\_\_\_\_ Permits for work costing \$100.00 or less
- \_\_\_\_\_ Applicants for permits who sign the following certifications:

"I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California"

If after signing this certificate, the applicant desires to employ any person for work covered by this permit, the applicant must obtain Workers' Compensation Insurance as required by Section 3700 of the State Labor Code, or this permit shall be deemed revoked.

**STATE REQUIRED LICENSE**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 of Division 3 of the Business and Professions Code, and my State of California Contractors C-57 license is in full force and effect.  
License No. 710079

I further declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

DATED THIS 3rd. DAY OF October 2005

SIGNED Concing Woodward PHONE NUMBER \_\_\_\_\_

Print name Concing Woodward COMPANY NAME Woodward Drilling



VIEW-3

**PERMIT TO DESTROY WATER WELL**

Permit Number 00180 d a w m

\$45.00 fee

received by RLA

Owner of well to be destroyed BP/ARCO  
Location of well to be destroyed 4400 N. Cedar Ave, Fresno, CA APN 427171120  
Diameter of well 4 inch  
Depth of well 34.3'  
Depth of casing 39.3'  
Depth to top of perforations 20'  
Casing material SCH 40 PVL  
Static water level N/A Vapour well

Permit issued by

ROBERT E. HARRIS Signature  
Date of issuance 10/11/05 Date of inspection 10-11-05

**SPECIAL CONDITIONS**

Inspector: RLA

1. Fill from surface with 6 sack cement, sand, and water mix to - 6ft
2. Install tremie pipe to 39 Fill with 6 sack cement, sand, and water mix to - 6ft.
3. Install tremie pipe to 39 Pressure grout to 50 PSI. with 6 sack neat cement and water mix.

**WORKERS COMPENSATION**

Section 3800 of the State labor Code provides that every county or city which requires issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition, or repair of any building or structure shall require that each applicant for permit have on file:

(Please initial)

- ☐ A Certificate of Consent to self-insure by the Director of Industrial Relations or
- ☐ A Certificate of Workers' Compensation insurance issued to the city by an admitted insurer.
- ☐ A signed statement of a Firm with out Employees on file with the city.

**EXCLUSIONS**

(Please initial)

- ☐ Permits for work costing \$100.00 or less
- ☐ Applicants for permits who sign the following certifications:

"I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California"

If after signing this certificate, the applicant desires to employ any person for work covered by this permit, the applicant must obtain Workers' Compensation Insurance as required by Section 3700 of the State Labor Code, or this permit shall be deemed revoked.

**STATE REQUIRED LICENSE**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 of Division 3 of the Business and Professions Code, and my State of California Contractors C-37 license is in full force and effect.

License No. 110079

I further declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

DATED THIS 3RD DAY OF October 2005

SIGNED Concing E. Woodward PHONE NUMBER 707-374-4300

Print name Concing Woodward COMPANY NAME Woodward Drilling





UEW-4

**PERMIT TO DESTROY WATER WELL**  
Permit Number 00181 d s w m

\$45.00 fee  
received by RET

Owner of well to be destroyed BP/ARCO  
Location of well to be destroyed 4196 N. Cedar Ave., Fresno, CA APN 437/171/20  
Diameter of well 4 inch  
Depth of well 39.6  
Depth of casing 39.6  
Depth to top of perforations 20  
Casing material sch 40 PVC  
Static water level N/A Vapor well

Permit issued by ROBERT E. HARRIS Signature [Signature]  
Date of issuance 10/11/05 Date of inspection 10-11-05

**SPECIAL CONDITIONS**

Inspector: R.W. Barnett

1. Fill from surface with 6 sack cement, sand, and water mix to - 6ft
2. Install tremie pipe to Fill with sack cement, sand, and water mix to - 6ft.
3. Install tremie pipe to 35 Pressure grout to 50 PSI. with 0 sack neat cement and water mix.

**WORKERS COMPENSATION**

Section 3800 of the State labor Code provides that every county or city which requires issuance of a permit as a condition precedent to the construction, alteration, improvement, demolition, or repair of any building or structure shall require that each applicant for permit have on file:

- (Please initial)
- ☐ A Certificate of Consent to self-insure by the Director of Industrial Relations or
  - ☐ A Certificate of Workers' Compensation insurance issued to the city by an admitted insurer.
  - ☐ A signed statement of a Firm with out Employees on file with the city.

**EXCLUSIONS**

(Please initial)

☐ Permits for work costing \$100.00 or less

☐ Applicants for permits who sign the following certifications:

"I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California"

If after signing this certificate, the applicant desires to employ any person for work covered by this permit, the applicant must obtain Workers' Compensation Insurance as required by Section 3700 of the State Labor Code, or this permit shall be deemed revoked.

**STATE REQUIRED LICENSE**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 of Division 3 of the Business and Professions Code, and my State of California Contractors C-57 license is in full force and effect.

License No. 710779

I further declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

DATED THIS 3rd DAY OF October 2005

SIGNED Concing E. Woodward PHONE NUMBER 707-374-4300

Print name Concing Woodward COMPANY NAME Wood

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**ATTACHMENT C**

**DWR Well Destruction Report**

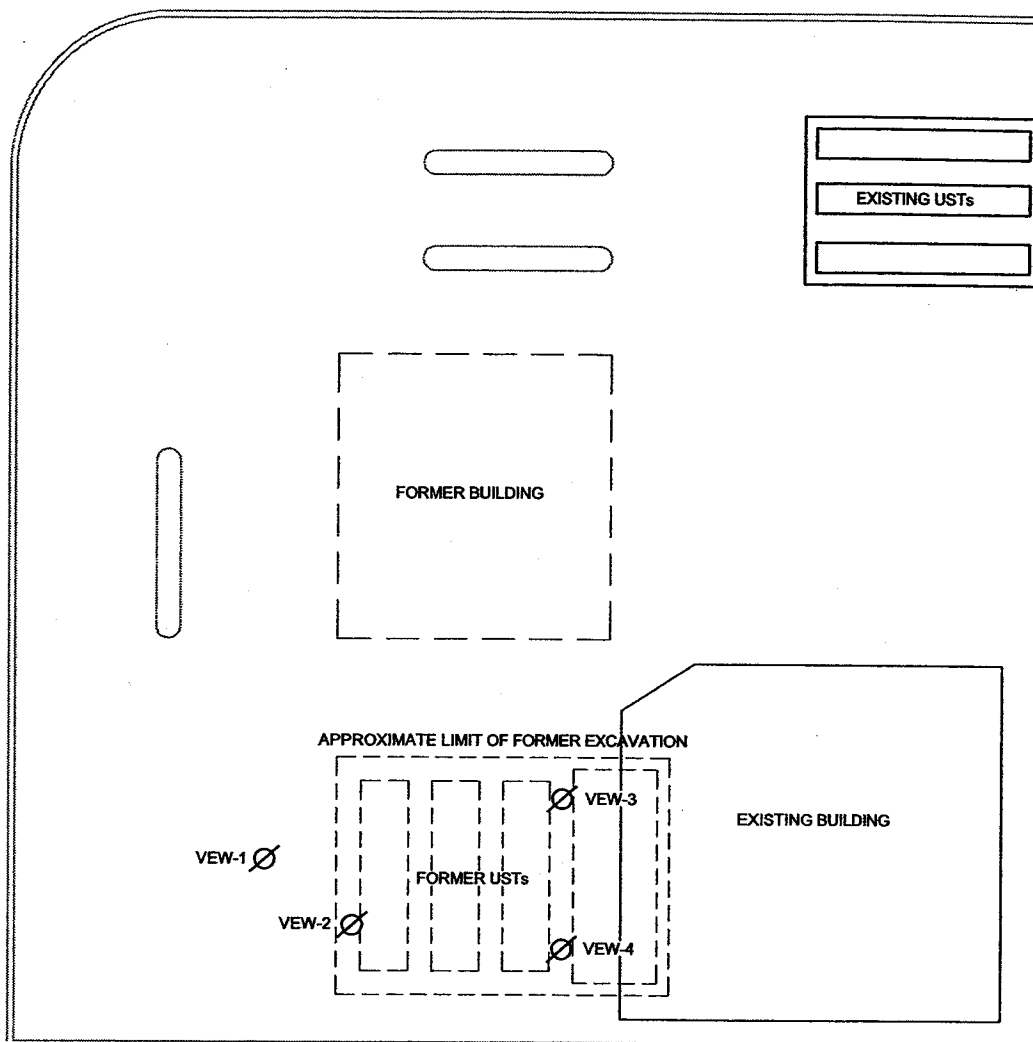
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Permit Date 9/19/2005

710074  
C-17 LICENSE NUMBER

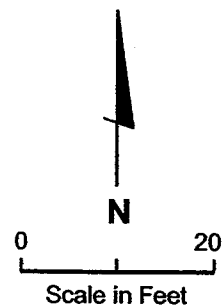
CEDAR AVENUE

ASHLAN AVENUE



**LEGEND**

Ø VIEW-1 DESTROYED VAPOR EXTRACTION WELL LOCATIONS



WELLS DESTROYED 11/2/2005

**URS**

2870 Gateway Oaks Drive, Ste. 150  
 Sacramento, CA 95833-3200  
 TEL: (916) 679-2000  
 FAX: (916) 679-2900

**SITE PLAN**

Arco Service Station No. #2061  
 4190 North Cedar Avenue  
 Fresno, California

FIGURE

**2**



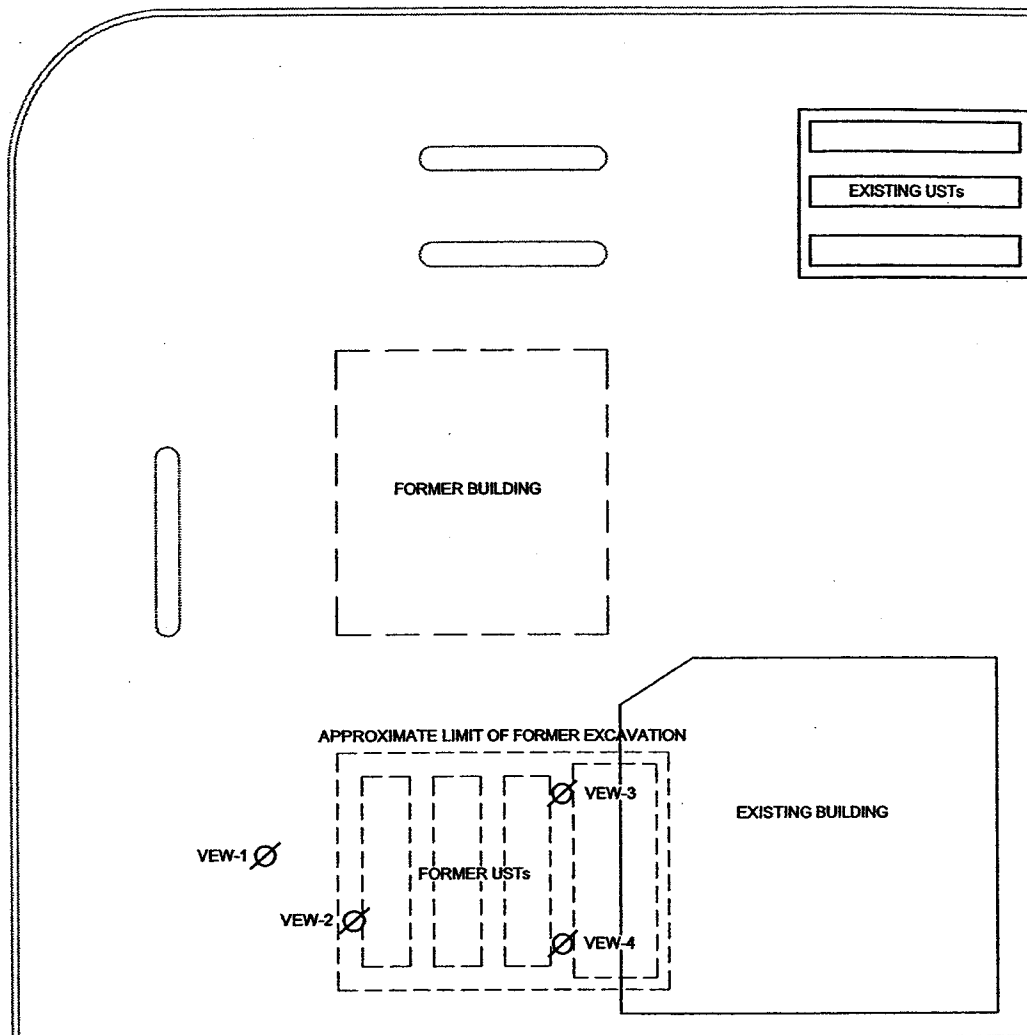
IMAGES:

XREFS:

DRAWING: MARGARET\_2061\_12805\_SITEPLAN-1.dwg  
 DRAWING: \\BP-ARCO\CADD\0-Non-Qty-ARCO Sites\2081\Reports-Special\

CEDAR AVENUE

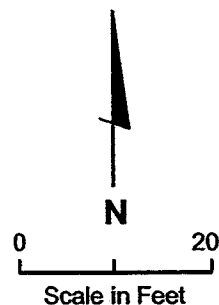
ASHLAN AVENUE



**LEGEND**

Ø VIEW-1 DESTROYED VAPOR EXTRACTION WELL LOCATIONS

WELLS DESTROYED 11/2/2005



**URS**

2870 Gateway Oaks Drive, Ste. 150  
 Sacramento, CA 95833-3200  
 TEL: (916) 679-2000  
 FAX: (916) 679-2900

**SITE PLAN**

Arco Service Station No. #2061  
 4190 North Cedar Avenue  
 Fresno, California

FIGURE

**2**

Permit Date 9/19/2005

DWR USE ONLY — DO NOT FILL IN  
 STATE WELL NO./STATION NO.  
 LATITUDE LONGITUDE  
 AFW/ITS/OTHER

**WELL OWNER**

ORIENTATION (Z)		<input type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGLE    (SPECIFY)		Name <b>Paul Supple</b> <b>BP/ARCO</b> Mailing Address <b>P.O. Box 6549</b> <b>Moraga</b> <b>CA 94570</b> CITY    STATE    ZIP	
DEPTH FROM SURFACE FL    ID    FL		DRILLING METHOD    FLUID <b>DESCRIPTION</b> Describe material, grain size, color, etc.		WELL LOCATION	
				Address <b>4190 North Cedar Avenue</b> City <b>Fresno, CA</b> County <b>Fresno</b>	
		Pressure grout neat cement grout 5% bentonite Drilled out top 8' bgs concrete surface completion		APN Book <b>427</b> Page <b>171</b> Parcel <b>2D</b>	
				Township <b>13S</b> Range <b>20E</b> Section <b>15</b>	
				Latitude <b>36° 47' 30" NORTH</b> Longitude <b>119° 49' 0" WEST</b> DEG. MIN. SEC.    DEG. MIN. SEC.	
		LOCATION SKETCH NORTH		ACTIVITY (Z)	
		See attached		<input type="checkbox"/> NEW WELL MODIFICATION/REPAIR <input type="checkbox"/> Deepen <input type="checkbox"/> Other (Specify)	
				<input checked="" type="checkbox"/> DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")	
				PLANNED USES (Z) <input type="checkbox"/> Domestic <input type="checkbox"/> Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial	
				MONITORING <input type="checkbox"/> TEST WELL <input type="checkbox"/> CATHODIC PROTECTION <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> DIRECT PUSH <input type="checkbox"/> INJECTION <input type="checkbox"/> VAPOR EXTRACTION <input checked="" type="checkbox"/> SPARGING <input type="checkbox"/> REMEDIATION <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/>	
		SOUTH			
		Illustrate or Describe History of Well from Route, Buildings, Fences, Rivers, etc. and attach a map, for additional space if necessary. PLEASE BE ACCURATE & COMPLETE.			
		WATER LEVEL & YIELD OF COMPLETED WELL			
		DEPTH TO FIRST WATER _____ (FL) BELOW SURFACE			
		DEPTH OF STATIC WATER LEVEL _____ (FL) & DATE MEASURED _____			
		ESTIMATED YIELD " _____ (GPM) & TEST TYPE _____			
		TEST LENGTH _____ (Min.) TOTAL DRAWDOWN _____ (FL)			
		" May not be representative of a well's long-term yield.			
TOTAL DEPTH OF BORING _____ (Feet)					
TOTAL DEPTH OF COMPLETED WELL _____ (Feet)					

[illegible]

**CERTIFICATION STATEMENT**

Signed [Signature] DATE SIGNED 2-21-75  
WELL DRILLER/AUTHORIZED REPRESENTATIVE CASE FILE NUMBER 11007

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

PLOT BY: RPTAYLOR - Dec 08, 2005 - 11:33:52am

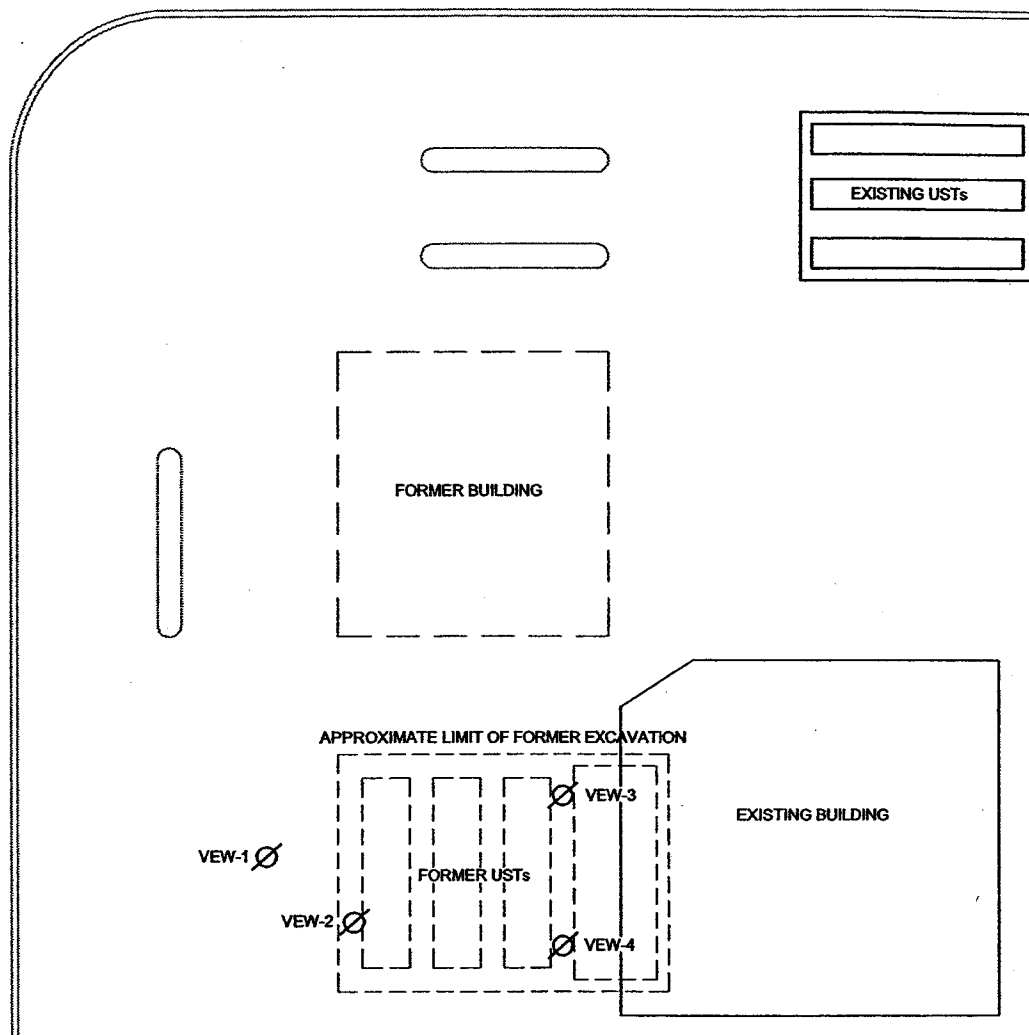
IMAGES:

XREFS:

DRAWING: MARGARET\_2061\_12805\_SITEPLAN-1.dwg  
DRAWING: J:\BP-ARCO\CADD\0-Non-Qnty-ARCO Sites\2081\Reports-Special\

CEDAR AVENUE

ASHLAN AVENUE



# LEGEND

⊗ VIEW-1 DESTROYED VAPOR EXTRACTION WELL LOCATIONS

WELLS DESTROYED 11/2/2005

**URS**

2870 Gateway Oaks Drive, Ste. 150  
Sacramento, CA 95833-3200  
TEL: (916) 679-2000  
FAX: (916) 679-2900

## SITE PLAN

Arco Service Station No. #2061  
4190 North Cedar Avenue  
Fresno, California

FIGURE

2



Permit Date 9/19/2005

## Refer to Instruction Complies

No. e033904

DWR USE ONLY - DO NOT FILL IN  
 STATE WELL NO./STATION NO.  
 LATITUDE LONGITUDE  
 APN/PTS/OTHER

## GEOLOGIC LOG

[illegible]

**WELL OWNER**

Name Gul Supple BP/ARCO  
Mailing Address P.O. Box 6349  
Moraga CA 94570  
CITY STATE ZIP  
Address 4190 Abrilla Cedar Avenue  
City Fresno, CA  
County Fresno  
APN Book 427 Page 171 Parcel 20  
Township 135 Range 20E Section 15  
Latitude 36.4730 NORTH Longitude 119.4510 WEST  
DEG. MIN. SEC. DEG. MIN. SEC.

**LOCATION-SKETCH**

WEST

NORTH

See attached

EAST

SOUTH

Illustrate or Describe Distance of Well from Building, Foundation, Fence, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.

**WATER LEVEL & YIELD OF COMPLETED WELL.**

DEPTH TO FIRST WATER \_\_\_\_\_ (FL) BELOW SURFACE  
DEPTH OF STATIC  
WATER LEVEL \_\_\_\_\_ (FL) & DATE MEASURED \_\_\_\_\_  
ESTIMATED YIELD \* \_\_\_\_\_ (GPM) & TEST TYPE \_\_\_\_\_  
TPST LENGTH \_\_\_\_\_ (Hrs.) TOTAL DRAWDOWN \_\_\_\_\_ (PL)  
\* May not be representative of a well's long-term yield.

[illegible]

## ATTACHMENTS (2)

- ☐ Geologic Log
- ☐ Well Construction Diagram
- ☐ Geophysical Log(s)
- ☐ Soil/Water Chemical Analyses
- ☐ Other \_\_\_\_\_

ATTACH ADDITIONAL INFORMATION IF IT EXISTS

### CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Woodward Drilling  
(PERSON, FIRM OR CORPORATION) (TYPE OR PRINTED)  
550 River Rd. Rio Vista CA 94571  
ADDRESS CITY STATE ZIP  
Balle  
Signed 12-21-05 710079  
WELL DRILLER AUTHORIZED REPRESENTATIVE DATE SIGNED C-57 LICENSE NUMBER

PLOT BY: RPTAYLOR - Dec 08, 2005 - 11:33:52am

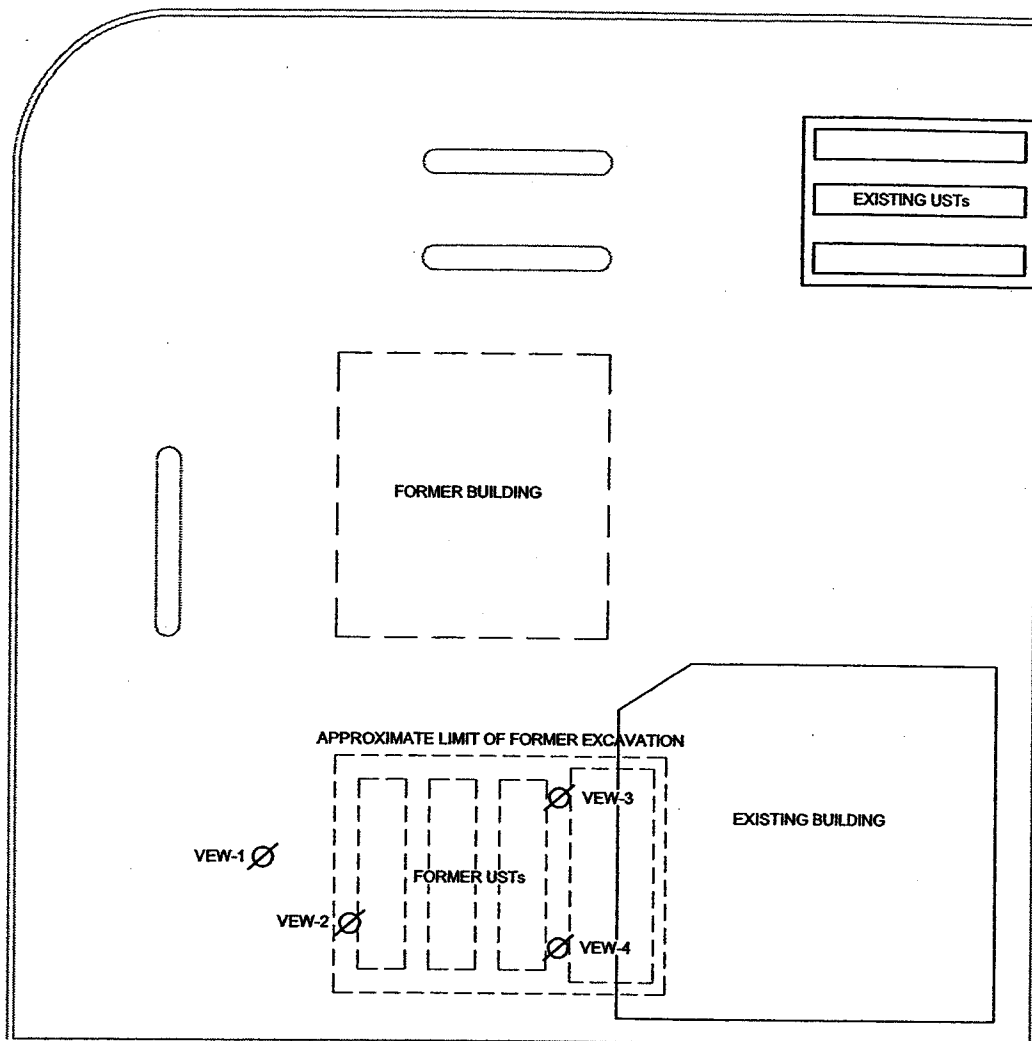
IMAGES:

XREFS:

DRAWING: MARGARET\_2061\_12805\_SITEPLAN-1.dwg  
DRAWING: J:\BP-ARCO\ICADD\0-Non-Qtrly-ARCO Sites\2061\Reports-Special\

CEDAR AVENUE

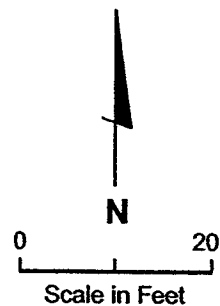
ASHLAN AVENUE



**LEGEND**

Ø VEW-1 DESTROYED VAPOR EXTRACTION WELL LOCATIONS

WELLS DESTROYED 11/2/2005



**URS**

2870 Gateway Oaks Drive, Ste. 150  
Sacramento, CA 95833-3200  
TEL: (916) 679-2000  
FAX: (916) 679-2900

**SITE PLAN**

Arco Service Station No. #2061  
4190 North Cedar Avenue  
Fresno, California

FIGURE

**2**

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**ATTACHMENT D**

**Drum Comp Laboratory Analytical Report**



20 October, 2005

Vernon P. Elarth  
URS Corporation [Arco1]  
2870 Gateway Oaks Dr., Ste 300  
Sacramento, CA 95833

RE: ARCO #2061, Fresno, CA  
Work Order: MOJ0878

Enclosed are the results of analyses for samples received by the laboratory on 10/14/05 10:15. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Lisa Race  
Senior Project Manager

CA ELAP Certificate #1210

The results in this laboratory report pertain only to the samples tested in the laboratory. The analyses contained in this report were performed in accordance with the BPGCLN Technical Specifications, applicable Federal, State, local regulations and certification requirements as well as the methodologies as described in laboratory SOPs reviewed by the BPGCLN. This entire report was reviewed and approved for release.



URS Corporation [Arco1]  
2870 Gateway Oaks Dr., Ste 300  
Sacramento CA, 95833

Project: ARCO #2061, Fresno, CA  
Project Number: GOBV3-0002  
Project Manager: Vernon P. Elarth

MOJ0878  
Reported:  
10/20/05 09:59

**ANALYTICAL REPORT FOR SAMPLES**

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
DRUMCOMP2061	MOJ0878-01	Soil	10/11/05 12:20	10/14/05 10:15

The carbon range for the TPH-GRO has been changed from C6-C10 to C4-C12. The carbon range for TPH-DRO has been changed from C10-C28 to C10-C36. EPA 8015B has been modified to better meet the requirements of California regulatory agencies. These samples were received with intact custody seals.



**Sequoia  
Analytical**

885 Jarvis Drive  
Morgan Hill, CA 95037  
(408) 776-9600  
FAX (408) 782-6308  
www.sequoialabs.com

URS Corporation [Arco1]  
2870 Gateway Oaks Dr., Ste 300  
Sacramento CA, 95833

Project: ARCO #2061, Fresno, CA  
Project Number: G0BV3-0002  
Project Manager: Vernon P. Elarth

MOJ0878  
Reported:  
10/20/05 09:59

### **METALS**

**Del Mar Analytical, Irvine**

Analyte	Result	Reporting		Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
		Limit								
DRUMCOMP2061 (MOJ0878-01) Soil    Sampled: 10/11/05 12:20    Received: 10/14/05 10:15										
Lead	11	4.7	mg/kg dry	2	5J18076	10/18/05	10/18/05 16:51	EPA 6010B		

URS Corporation [Arco1]  
2870 Gateway Oaks Dr., Ste 300  
Sacramento CA, 95833

Project: ARCO #2061, Fresno, CA  
Project Number: G0BV3-0002  
Project Manager: Vernon P. Elarth

MOJ0878  
Reported:  
10/20/05 09:59

**Volatile Organic Compounds by EPA Method 8260B  
Sequoia Analytical - Morgan Hill**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
<b>DRUMCOMP2061 (MOJ0878-01) Soil    Sampled: 10/11/05 12:20    Received: 10/14/05 10:15</b>									
tert-Amyl methyl ether	ND	0.0059	mg/kg dry	1	5J18004	10/18/05	10/18/05	EPA 8260B	
Benzene	ND	0.0059	"	"	"	"	"	"	
tert-Butyl alcohol	ND	0.023	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0059	"	"	"	"	"	"	
1,2-Dibromoethane (EDB)	ND	0.0059	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0059	"	"	"	"	"	"	
Ethanol	ND	0.12	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0059	"	"	"	"	"	"	
Ethylbenzene	ND	0.0059	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0059	"	"	"	"	"	"	
Toluene	0.015	0.0059	"	"	"	"	"	"	
Xylenes (total)	0.029	0.0059	"	"	"	"	"	"	
Gasoline Range Organics (C4-C12)	0.23	0.12	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		126 %	60-125	"	"	"	"	"	LH



URS Corporation [Arco1]  
2870 Gateway Oaks Dr., Ste 300  
Sacramento CA, 95833

Project: ARCO #2061, Fresno, CA  
Project Number: G0BV3-0002  
Project Manager: Vernon P. Elarth

MOJ0878  
Reported:  
10/20/05 09:59

**METALS - Quality Control  
Del Mar Analytical, Irvine**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch 5J18076 - EPA 3050B ICP / EPA 6010B</b>										
<b>Blank (5J18076-BLK1)</b>										
Prepared & Analyzed: 10/18/05										
Lead	ND	2.0	mg/kg wet							
<b>Laboratory Control Sample (5J18076-BS1)</b>										
Prepared & Analyzed: 10/18/05										
Lead	45.6	2.0	mg/kg wet	50.0		91	80-120			
<b>Matrix Spike (5J18076-MS1)</b>										
Source: IOJ0993-26 Prepared & Analyzed: 10/18/05										
Lead	49.0	2.0	mg/kg wet	50.0	2.9	92	75-125			
<b>Matrix Spike Dup (5J18076-MSD1)</b>										
Source: IOJ0993-26 Prepared & Analyzed: 10/18/05										
Lead	48.6	2.0	mg/kg wet	50.0	2.9	91	75-125	0.8	20	



URS Corporation [Arco1]  
2870 Gateway Oaks Dr., Ste 300  
Sacramento CA, 95833

Project: ARCO #2061, Fresno, CA  
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Project Manager: Vernon P. Elarth

MOJ0878  
Reported:  
10/20/05 09:59

**Volatile Organic Compounds by EPA Method 8260B - Quality Control**  
**Sequoia Analytical - Morgan Hill**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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**Batch 5J18004 - EPA 5030B P/T / EPA 8260B**

**Blank (5J18004-BLK1)**

Prepared & Analyzed: 10/18/05

tert-Amyl methyl ether	ND	0.0050	mg/kg wet							
Benzene	ND	0.0050	"							
tert-Butyl alcohol	ND	0.020	"							
Di-isopropyl ether	ND	0.0050	"							
1,2-Dibromoethane (EDB)	ND	0.0050	"							
1,2-Dichloroethane	ND	0.0050	"							
Ethanol	ND	0.10	"							
Ethyl tert-butyl ether	ND	0.0050	"							
Ethylbenzene	ND	0.0050	"							
Methyl tert-butyl ether	ND	0.0050	"							
Toluene	ND	0.0050	"							
Xylenes (total)	ND	0.0050	"							
Gasoline Range Organics (C4-C12)	ND	0.10	"							
Surrogate: 1,2-Dichloroethane-d4	0.00588		"	0.00500		118	60-125			

**Laboratory Control Sample (5J18004-BS1)**

Prepared & Analyzed: 10/18/05

tert-Amyl methyl ether	0.0177	0.0050	mg/kg wet	0.0150		118	80-130			
Benzene	0.00552	0.0050	"	0.00516		107	65-125			
tert-Butyl alcohol	0.158	0.020	"	0.143		110	80-165			
Di-isopropyl ether	0.0188	0.0050	"	0.0151		125	85-115			HL
1,2-Dibromoethane (EDB)	0.0165	0.0050	"	0.0149		111	85-130			
1,2-Dichloroethane	0.0188	0.0050	"	0.0147		128	63-124			HL
Ethanol	0.187	0.10	"	0.142		132	35-150			
Ethyl tert-butyl ether	0.0181	0.0050	"	0.0150		121	80-125			
Ethylbenzene	0.00751	0.0050	"	0.00754		100	80-135			
Methyl tert-butyl ether	0.00807	0.0050	"	0.00702		115	75-115			
Toluene	0.0398	0.0050	"	0.0372		107	85-125			
Xylenes (total)	0.0434	0.0050	"	0.0412		105	80-140			
Gasoline Range Organics (C4-C12)	0.522	0.10	"	0.440		119	53-126			
Surrogate: 1,2-Dichloroethane-d4	0.00532		"	0.00500		106	60-125			

URS Corporation [Arco1]  
2870 Gateway Oaks Dr., Ste 300  
Sacramento CA, 95833

Project: ARCO #2061, Fresno, CA  
Project Number: G0BV3-0002  
Project Manager: Vernon P. Elarth

MOJ0878  
Reported:  
10/20/05 09:59

**Volatile Organic Compounds by EPA Method 8260B - Quality Control**  
**Sequoia Analytical - Morgan Hill**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch 5J18004 - EPA 5030B P/T / EPA 8260B</b>										
<b>Laboratory Control Sample Dup (5J18004-BSD1)</b>				<b>Prepared &amp; Analyzed: 10/18/05</b>						
tert-Amyl methyl ether	0.0176	0.0050	mg/kg wet	0.0150		117	80-130	0.6	25	
Benzene	0.00531	0.0050	"	0.00516		103	65-125	4	20	
tert-Butyl alcohol	0.147	0.020	"	0.143		103	80-165	7	25	
Di-isopropyl ether	0.0187	0.0050	"	0.0151		124	85-115	0.5	20	HL
1,2-Dibromoethane (EDB)	0.0158	0.0050	"	0.0149		106	85-130	4	15	
1,2-Dichloroethane	0.0186	0.0050	"	0.0147		127	63-124	1	25	HL
Ethanol	0.180	0.10	"	0.142		127	35-150	4	40	
Ethyl tert-butyl ether	0.0179	0.0050	"	0.0150		119	80-125	1	25	
Ethylbenzene	0.00721	0.0050	"	0.00754		96	80-135	4	20	
Methyl tert-butyl ether	0.00792	0.0050	"	0.00702		113	75-115	2	35	
Toluene	0.0386	0.0050	"	0.0372		104	85-125	3	15	
Xylenes (total)	0.0416	0.0050	"	0.0412		101	80-140	4	20	
Gasoline Range Organics (C4-C12)	0.522	0.10	"	0.440		119	53-126	0	25	
Surrogate: 1,2-Dichloroethane-d4	0.00584		"	0.00500		117	60-125			



URS Corporation [Arco1]  
2870 Gateway Oaks Dr., Ste 300  
Sacramento CA, 95833

Project: ARCO #2061, Fresno, CA  
Project Number: G0BV3-0002  
Project Manager: Vernon P. Elarth

MOJ0878  
Reported:  
10/20/05 09:59

#### Notes and Definitions

LH Surrogate recovery above the acceptance limits.  
HL Analyte recovery above established limit  
DET Analyte DETECTED  
ND Analyte NOT DETECTED at or above the reporting limit or MDL, if MDL is specified  
NR Not Reported  
dry Sample results reported on a dry weight basis  
RPD Relative Percent Difference



# Chain of Custody Record

Project Name: ARCO 2061  
BP BU/AR Region/Enfos Segment:

BP > Americas > West Coast > Retail > WCBU > CA  
> Northern > 2061 > Historical/BL  
Sacramento County Dept. of Env. Mgmt

State or Lead Regulatory Agency:  
Requested Due Date (mm/dd/yy):

On-site Time: Temp:  
Off-site Time: Temp:  
Sky Conditions: Sunny clear  
Meteorological Events:  
Wind Speed: Direction:

Lab Name: Sequoia		BP/AR Facility No.: 2061		Consultant/Contractor: URS													
Address: 885 Jarvis Drive		BP/AR Facility Address: 4150 N. Cedar Ave., Fresno, CA		Address: 2870 Gateway Oaks Drive, Suite 150													
Morgan Hill, CA 95037		Site Lat/Long: N/A		Sacramento, CA 95833													
Lab PM: Lisa Race		California Global ID No.: T0601900162		Consultant/Contractor Project No.: 38466743.0063001													
Tele/Fax: 408.782.8156 / 408.782.6308		Enfos Project No.: G08V3-0002		Consultant/Contractor PM: Vernon Blarh													
BP/AR PM Contact: Chuck Carmel		Provision or RCOP: Provisional		Tele/Fax: 916.679.2299 / 916.679.2900													
Address: P.O. Box 977		Phase/WBS: 06 - Closure		Report Type & QC Level: Level 1 with EDF													
Alamo, CA 94507-7977		Sub Phase/Task: 03 - Analytical		E-mail EDD To: Denise Yee@urscorp.com													
Tele/Fax: 925.946.1085 / 925.946.1084		Cost Element: 05 - Subcontracted Costs		Invoice to: Atlantic Richfield Co.													
Lab Bottle Order No:		Matrix		Requested Analysis													
Item No.	Sample Description	Date	Time	Laboratory No.	Preservative	No. of Containers	Unpreserved	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Methanol	GRO/BTEX/8 Olys by 8260B	Total Lead by 209.7 (601075)	10/14/05	10/14/05	10/14/05	
1	DRUMCOMP2061	10/11/05	1220	61		1	X					X	X				
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
Sampler's Name: Margaret Hogaboom		Relinquished By: Affiliation		Date		Time		Accepted By / Affiliation		Date		Time		Date		Time	
Sampler's Company: URS		Margaret Hogaboom		10/13/05		700		10/14/05		10/14/05		10/14/05		10/14/05		10/14/05	
Shipment Date: 10/13/05		Shipment Method: Cal overnight		Shipment Tracking No:													
Special Instructions:		Email results to Dillard (lisaz@dillardenvironmental.com) - Lab to compare soil in sleeve to sample															
If total lead value is >50 ppm analyze for lead by STLC value is >5 ppm analyze for lead by TCLP																	
Custody Seals In Place Yes No		Temp Blank Yes No		Cooler Temperature on Receipt 418°F/C		Trip Blank Yes No											
Distribution: White Copy - Laboratory / Yellow Copy - BP/Atlantic Richfield Co. / Pink Copy - Consultant/Contractor																	

# SEQUOIA ANALYTICAL SAMPLE RECEIPT LOG

CLIENT NAME: URS DATE REC'D AT LAB: 10/14/05 For Regulatory Purposes?  
 REC. BY (PRINT) Marcos TIME REC'D AT LAB: 10:15 DRINKING WATER YES / NO 2  
 WORKORDER: MO36878 DATE LOGGED IN: 10-14-05 WASTE WATER YES / NO 3

CIRCLE THE APPROPRIATE RESPONSE		LAB SAMPLE #	DASH #	CLIENT ID	CONTAINER DESCRIPTION	PRESERV ATIVE	pH	SAMPLE MATRIX	DATE SAMPLED	REMARKS: CONDITION (ETC.)
1. Custody Seal(s)	Present / Absent Intact / Broken*	01	1-	Drum Comp 2061	metal core	-	-	S	10/14/05	
2. Chain-of-Custody	Present / Absent*									
3. Traffic Reports or Packing List:	Present / Absent									
4. Airbill:	Airbill / Sticker Present / Absent									
5. Airbill #:	<u>6553</u> <u>7452</u> <u>320</u>									
6. Sample Labels:	Present / Absent									
7. Sample IDs:	Listed / Not Listed on Chain-of-Custody									
8. Sample Condition:	Intact / Broken* / Leaking*									
9. Does information on chain-of-custody, traffic reports and sample labels agree?	Yes / No*									
10. Sample received within hold time?	Yes / No*									
11. Adequate sample volume received?	Yes / No*									
12. Proper preservatives used?	Yes / No*									
13. Trip Blank / Temp Blank Received?	Yes / No*									
14. Read Temp:	(circle which, if yes)									
Corrected Temp:	<u>4.6</u>									
Is corrected temp 4 +/- 2°C?	Yes / No**									
(Acceptance range for samples requiring thermal pres.)										
**Exception (if any): METALS / DFF ON ICE										
or Problem COC										

\*IF CIRCLED, CONTACT PROJECT MANAGER AND ATTACH RECORD OF RESOLUTION.

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**ATTACHMENT E**

**Disposal Manifest Documentation**

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**Dillard Trucking, Inc.**  
dba Dillard Environmental Services

No 18052

**Work Report**

Arco BP #11166 / arco #2061      Day & Date: Tuesday 11-01-05  
 Monterey / Fresno      Job #: 1-272 / 1-344  
 Scope: help (Dale Burke driver) pick-up drum on job site: deliver to contract and Republic landfill.

Labor - Travel To Site/Load Gear Name	Time Worked	Classification	Straight Time		Overtime	
			Hours	Rate	Hours	Rate
1) <u>RRico</u>	<u>430am to 730am</u>	<u>Tech</u>				
2)						
3)						
4)						

Labor - Onsite Name	Time Worked	Classification	Straight Time		Overtime	
			Hours	Rate	Hours	Rate
1) <u>RRico</u>	<u>730am to 400pm</u>	<u>Tech</u>				
2)						
3)						
4)						

Labor - Travel From Site/Unload Gear Name	Time Worked	Classification	Straight Time		Overtime	
			Hours	Rate	Hours	Rate
1) <u>RRico</u>	<u>400pm to 500am</u>	<u>Tech</u>				
2)						
3)						
4)						

Equipment Equip. No.	Description	Number Used	Usage	Rental Rate

Materials	Number	Price	Number	Price

Subcontractor's Notes/Comments	Number	Price

Prepared By: <u>Randy R. Reed</u>	Date: <u>11-01-05</u>	MANIFEST NUMBERS: <u>275</u>
Customer Signature: _____		

Payment terms are net thirty (30) days subject to a charge of 1.5% per month on all past due balances. In the event the account becomes delinquent and it is necessary to institute legal proceedings, CUSTOMER agrees to pay DES' attorney's fees incurred in such proceeding, action or suit or in any appeal thereon. The parties agree that actions or proceedings arising in connection with this agreement shall be tried and litigated exclusively in the courts located in Contra Costa County, California.



# Dillard Trucking, Inc.

No 18054

dba Dillard Environmental Services

## Daily Work Report

Customer: \_\_\_\_\_

Jobsite: \_\_\_\_\_

Scope: \_\_\_\_\_

1020 #2061

Day & Date: Wednesday, 11-02-05

Job #: 1-344

getty (4) David Burke Driver deliver drums to Infracore  
 Oakville (drums were on TK #60 from 11-01-05)

Labor - Travel To Site/Load Gear Name	Time Worked	Classification	Straight Time		Overtime	
			Hours	Rate	Hours	Rate
1) R. Rico	1130am to 1245pm	Tech				
2)						
3)						
4)						

Labor - Onsite Name	Time Worked	Classification	Straight Time		Overtime	
			Hours	Rate	Hours	Rate
1) R Rico	1245pm to 215pm	Tech				
2)						
3)						
4)						

Labor - Travel From Site/Unload Gear Name	Time Worked	Classification	Straight Time		Overtime	
			Hours	Rate	Hours	Rate
1) R Rico	215pm to 245pm	Tech				
2)						
3)						
4)						

Equipment Equip. No.	Description	Number Used	Usage	Rental Rate

Materials	Number	Price	Materials	Number	Price
absorbant	1				

Subcontractor's Notes/Comments	Number	Price

### MANIFEST NUMBERS:

Prepared By: Randolph V. Rico	Date: 11-02-05	
Customer Signature:		



Dillard Environmental Services  
PO Box 579  
Byron, CA 94514  
Telephone No. (925) 634-6850  
Facsimile No. (925) 634-0569

TAG NO.  
24138

ENTERED

Date <u>11 / 02 / 05</u>		JOB NUMBERS(S)		JOB NUMBERS(S)		JOB NUMBERS(S)		JOB NUMBERS(S)	
TRUCK NO. <u>60</u>	TRAILER NO. _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____	# _____
SUB. HAULER		# <u>1-344</u>	# _____	# _____	# _____	# _____	# _____	# _____	# _____
PRIME CARRIER <u>Dillard Env. Serv.</u>				CONSIGNEE <u>Instrat</u>					
GENERATOR(S) _____				DESTINATION _____					
CITY <u>Arco #7061 (Exel Petro Sta)</u>				CITY <u>Rio Vista, CA</u>					
CITY <u>Fresno</u>				BEGINNING MILEAGE <u>299381</u>			ENDING MILEAGE _____		
MATERIALS		LOADING		UNLOADING		FUEL - GALLONS		FUEL - VENDOR	
NO	MANIFEST NO.	YARDS OR WEIGHT	TIME ARRIVE	TIME LEAVE	TIME ARRIVE	TIME LEAVE	#1	#2	#1
1									
2	<u>11015</u>			<u>11:30</u>	<u>12:45</u>	<u>2:15</u>			
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
COMMENTS: <div>RECEIVED NOV 03 2005</div>							OFFICE USE ONLY		
							TNS / HRS / LDS / YDS		
							TRANSPORTATION UNITS: <u>3.25</u>		
							TRANSPORTATION RATE: _____		
							SUBTOTAL: \$ _____		
							DISPOSAL UNITS: _____		
							DISPOSAL RATE: _____		
							SUBTOTAL: \$ _____		
							BRIDGE-TOLL: _____		
							MATERIALS: _____		
START <u>11:30</u>	STOP <u>2:45</u>	DEDUCT TIME <u>0</u>	NET TIME <u>3:25</u>						
DRIVER <u>Dave Bales</u>									
RECEIVED _____				DATE _____		APPROVED BY _____		TOTAL CHARGES: \$ _____	

TERMS and CONDITIONS

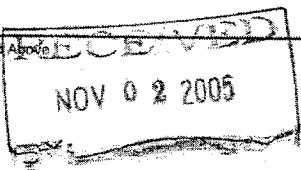
Payment terms are net thirty (30) days subject to a charge of 1.5% per month on all past due balances. In the event the account becomes delinquent and it is necessary to institute legal proceedings, CUSTOMER agrees to pay DES' attorney's fees incurred in such proceeding, action or suit or in any appeal thereon. The parties agree that actions or proceedings arising in connection with this agreement shall be tried and litigated exclusively in the courts located in Contra Costa County, California.

6781-ec/ (nec)

TOTAL  
TO  
COLLECT

# NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CAL000244215</b>		Manifest Document No. <b>11015</b>	2. Page 1 of 1
3. Generator's Name and Mailing Address <b>ARCO #2061 4190 N CEDAR AVENUE FRESNO, CA (714) 670-5303</b>		MAIL: BP WEST COAST PRODUCTS, LLC PO BOX 80249 RE MARGARITA, CA 92688 ATTN: KYLE CHRISTIE <b>HYEP36010205</b>			
5. Transporter 1 Company Name <b>DILLARD ENVIRONMENTAL SVCS.</b>	6. US EPA ID Number <b>CAD98252343</b>	A. State Transporter's ID		B. Transporter 1 Phone <b>(925) 634-6850</b>	
7. Transporter 2 Company Name	8. US EPA ID Number	C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address <b>REPUBLIC 4001 N. VASCO ROAD LIVERMORE, CA 94551</b>		10. US EPA ID Number		E. State Facility's ID	
				F. Facility's Phone <b>(925) 447-0491</b>	
11. WASTE DESCRIPTION		12. Containers No. Type	13. Total Quantity	14. Unit Wt./Vol.	
a. <b>NON HAZ SOIL, NONE, (pf: )</b>					
b.					
c.					
d.					
G. Additional Descriptions for Materials Listed Above <b>11a. 11b. 11c. 11d.</b>		H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information <b>Emergency Contact (800) 675-1066 DILLARD JOB/PO# 1-344</b>					
					
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.					
Printed Name <b>L. EBOTOVSKY AS AGENT FOR BP</b>		Signature <i>[Signature]</i>		Date <b>11/01/05</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>David Burke</b>		Signature <i>[Signature]</i>		Date <b>11/01/05</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19. <i>[Signature]</i>					
Printed/Typed Name <b>ROBERT RODRIGUEZ</b>		Signature <i>[Signature]</i>		Date <b>11/1/05</b>	

NON-HAZARDOUS WASTE



# REPUBLIC SERVICES VASCO ROAD, LLC

4001 N. Vasco Road, Livermore, California 94551 • (925) 447-0491

TICKET: 704837  
CUSTOMER: DILL / DILLARD ENVIRONMENTAL  
TRUCK: 60  
ACCT#: 5007814  
PROFILE #: 1003410

GENERATOR: 1003410 / ARCO 2061  
ORIGIN: 103 / FRESNO  
LICENSE:  
COMMENT:

DATE: 11/02/2005  
TIME: 12:52 - 13:52

GROSS: 0 LBS Manual  
TARE: 0 LBS  
NET: 0 LBS

WASTE: QUANTITY UNIT RATE AMOUNT

SOIL / SOIL DRUMS 4.00 U

Tax

I certify that I have not disposed of any liquid or hazardous waste.

DRIVER

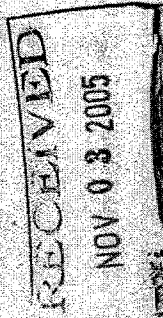
Weightmaster:

RECYCLING

## WEIGHMASTER CERTIFICATE

THIS IS TO CERTIFY that the following described commodity was weighed, measured, or counted by a weighmaster, whose signature is on this certificate, who is a recognized authority of accuracy, as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food & Agriculture.

WARNING: Transporting any unauthorized hazardous waste to this facility for disposal is prohibited by law. Persons violating this prohibition are subject to civil and criminal prosecution. All children must remain in vehicles. Absolutely no salvaging allowed.



Total:  
Francisco Sanchez

369377



## Electronic Submittal Information

[Main Menu](#) | [View/Add Facilities](#) | [Upload EDD](#) | [Check EDD](#)

Your EDF file has been successfully uploaded!

**Confirmation Number:** 9896840095

**Date/Time of Submittal:** 2/1/2006 1:01:07 PM

**Facility Global ID:** T0601900162

**Facility Name:** ARCO #2061

**Submittal Title:** Well Destruction Report 2005

**Submittal Type:** WDR Reports

[Click here](#) to view the detections report for this upload.

**ARCO #2061**  
4190 CEDAR AVE N  
FRESNO, CA 93727

**Regional Board - Case #: 5T10000164**  
CENTRAL VALLEY RWQCB (REGION 5F) - (DAM)  
**Local Agency (lead agency) - Case #: FA0266861**  
FRESNO COUNTY - (UNK)

**NOTE: THIS DATA WAS SUBMITTED AFTER THE SITE WAS CLOSED**

<b>CONF #</b>	<b>TITLE</b>	<b>QUARTER</b>
9896840095	Well Destruction Report 2005	Q4 2005
<b>SUBMITTED BY</b>	<b>SUBMIT DATE</b>	<b>STATUS</b>
Denise Yee	2/1/2006	PENDING REVIEW

### **SAMPLE DETECTIONS REPORT**

# FIELD POINTS SAMPLED	1
# FIELD POINTS WITH DETECTIONS	1
# FIELD POINTS WITH WATER SAMPLE DETECTIONS ABOVE MCL	0
SAMPLE MATRIX TYPES	SOIL

### **METHOD QA/QC REPORT**

METHODS USED	8260FA,SW6010B
TESTED FOR REQUIRED ANALYTES?	N
MISSING PARAMETERS NOT TESTED:	
- 8260FA REQUIRES DBFM TO BE TESTED	
- 8260FA REQUIRES BR4FBZ TO BE TESTED	
- 8260FA REQUIRES BZMED8 TO BE TESTED	
LAB NOTE DATA QUALIFIERS	Y

### **QA/QC FOR 8021/8260 SERIES SAMPLES**

TECHNICAL HOLDING TIME VIOLATIONS	0
METHOD HOLDING TIME VIOLATIONS	0
LAB BLANK DETECTIONS ABOVE REPORTING DETECTION LIMIT	0
LAB BLANK DETECTIONS	0
DO ALL BATCHES WITH THE 8021/8260 SERIES INCLUDE THE FOLLOWING?	
- LAB METHOD BLANK	Y
- MATRIX SPIKE	N
- MATRIX SPIKE DUPLICATE	N
- BLANK SPIKE	Y
- SURROGATE SPIKE	Y

### **WATER SAMPLES FOR 8021/8260 SERIES**

MATRIX SPIKE / MATRIX SPIKE DUPLICATE(S) % RECOVERY BETWEEN 65-135%	n/a
MATRIX SPIKE / MATRIX SPIKE DUPLICATE(S) RPD LESS THAN 30%	n/a
SURROGATE SPIKES % RECOVERY BETWEEN 85-115%	n/a
BLANK SPIKE / BLANK SPIKE DUPLICATES % RECOVERY BETWEEN 70-130%	n/a

### **SOIL SAMPLES FOR 8021/8260 SERIES**

MATRIX SPIKE / MATRIX SPIKE DUPLICATE(S) % RECOVERY BETWEEN 65-135%	n/a
MATRIX SPIKE / MATRIX SPIKE DUPLICATE(S) RPD LESS THAN 30%	n/a
<b>SURROGATE SPIKES % RECOVERY BETWEEN 70-125%</b>	<b>N</b>
BLANK SPIKE / BLANK SPIKE DUPLICATES % RECOVERY BETWEEN 70-130%	n/a

**FIELD QC SAMPLES**

<u>SAMPLE</u>	<u>COLLECTED</u>	<u>DETECTIONS &gt; REPD</u>
QCTB SAMPLES	N	0
QCEB SAMPLES	N	0
QCAB SAMPLES	N	0

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